

AS YOU FILL OUT THIS QUESTIONNAIRE, BE CAREFUL TO ANSWER EACH QUESTION THAT IS ASKED IN THE SPACES PROVIDED. IF YOU NEED MORE SPACE FOR ANY QUESTION, YOU MAY USE THE BACK OF THE PAGE.

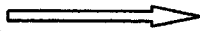
If it is difficult for you to fill out this questionnaire FOR ANY REASON, please contact us and we will find another way to get the information.

# 1 INFORMATION ABOUT YOU

01:05CV-18

Name: <u>Gail Werner</u>	D.O.B. <u>3/2/65</u>	Social Security Number:
Address: <u>17 Stone Street #1</u>	Town: <u>Waterbury</u>	Zip code: <u>05676</u>
County: <u>Washington</u>	Telephone: <u>802-244-8410</u>	
Name, address and telephone number of a person who will know how to reach you if we are unable to:		
<u>Eric Touquette 802-272-9547</u>		

## 2 INFORMATION ABOUT THE EMPLOYER / EMPLOYMENT AGENCY / UNION

Who is your complaint against: (Check all that apply) 	<input checked="" type="checkbox"/> Employer	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Labor Organization
Name: <u>Vermont Protection &amp; Advocacy</u>	President/ Chief Executive Officer: <u>Ed Paquin</u>		
Address: <u>141 Main St. Suite 7</u>	Your immediate Supervisor: <u>Ginny McGrath. formerly A.J. Ruben</u>		
Telephone: <u>802-229-1355</u>	Number of employees:		
	<input type="checkbox"/> 1 - 4	<input type="checkbox"/> 5 - 9	<input type="checkbox"/> 10 - 14
County: <u>Washington</u>	<input checked="" type="checkbox"/> 15 - 19	<input type="checkbox"/> 20 or more	<input type="checkbox"/> 50 or more within 75 miles
Type of industry (please check one):			
<input type="checkbox"/> Mining	<input type="checkbox"/> Retail trade	<input type="checkbox"/> Hotels/Lodging Services	
<input type="checkbox"/> Construction	<input type="checkbox"/> Real estate	<input type="checkbox"/> Health Services	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Administration	<input type="checkbox"/> Educational Services	
<input type="checkbox"/> Personal services	<input type="checkbox"/> Transportation	<input type="checkbox"/> Banking/Finance/Insurance	
<input type="checkbox"/> Auto repair/garage	<input type="checkbox"/> Public utilities	<input checked="" type="checkbox"/> Other (Explain):	
<input type="checkbox"/> Recreation services	<input type="checkbox"/> Wholesale trade	<u>disabilities rights agency</u> <u>federally funded, non-profit</u>	

U.S. DISTRICT COURT  
DISTRICT OF VERMONT  
FILED  
2005 JUN 21 PM 2:20  
CLERK  
DEPUTY CLERK

**3****YOUR EMPLOYMENT INFORMATION**

Total length of service with the employer you are complaining about: (Please give dates)	From: 8/03	To: present
What was the job you held or were applying for when the actions you are complaining of took place?	Advocate	
If applicable, how long were you in that job? (Please give dates)	From: 7/1/03	To: 6/04
What other job titles have you held while employed with this employer (state approximate dates at each position)?	none	
At the time relevant to your complaint, was your work performance rated as satisfactory?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been counseled or reprimanded for any disciplinary matter? If so, as to each incident please state the date, the reason, and the name of the supervisor involved: No, I have never been reprimanded for a disciplinary matter.		

**4****OF THE FOLLOWING FACTORS, WHICH DO YOU BELIEVE CAUSED THE EMPLOYER TO MISTREAT OR DISCRIMINATE AGAINST YOU?****(PLEASE CHECK ONLY FACTORS YOU BELIEVE CAUSED MISTREATMENT OR DISCRIMINATION)**

<input type="checkbox"/> Polygraph Testing	<input type="checkbox"/> Place of birth; My place of birth is:
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Ancestry; My ancestry is:
<input type="checkbox"/> Family Leave	<input type="checkbox"/> National origin; My national origin is:
<input type="checkbox"/> Medical Leave	<input type="checkbox"/> Citizenship status; My citizenship status is:
<input type="checkbox"/> Drug Testing	<input type="checkbox"/> Asserting a claim for worker's compensation
<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Sexual Orientation; My Sexual Orientation Is:
<input checked="" type="checkbox"/> Sex; My sex is: female	<input type="checkbox"/> My perceived sexual orientation; I was perceived to have a sexual orientation of:
<input type="checkbox"/> Race; My race is:	<input type="checkbox"/> Mental Or Physical Disability; My Disability is:
<input type="checkbox"/> Age; My age is:	<input type="checkbox"/> A History Of Disability; I Have A History Of:
<input type="checkbox"/> Color; My color is:	<input type="checkbox"/> A perceived disability; I was perceived to have a disability because:
<input type="checkbox"/> Religion; My religion is:	<input checked="" type="checkbox"/> Filing a discrimination claim
<input type="checkbox"/> HIV Status; My HIV Status is:	<input checked="" type="checkbox"/> Complaining of employment discrimination or cooperating with an investigation into alleged employment discrimination or unlawful action
	<input type="checkbox"/> Membership in National Guard or leave necessitated by service in the guard.

**5**

**WHAT HAPPENED THAT YOU WISH TO COMPLAIN ABOUT?**  
**(CHECK ONLY THOSE THAT YOU BELIEVE WERE CAUSED BY THE UNLAWFUL FACTORS YOU CHECKED ON THE PREVIOUS PAGE IN SECTION 4)**

<input type="checkbox"/> I was not hired	<input type="checkbox"/> I was given benefits not equal to what other employees received
<input type="checkbox"/> I was fired	<input type="checkbox"/> I was not paid equally to employees doing the same job as mine, or jobs that require similar knowledge, skills, and responsibility
<input type="checkbox"/> I was not promoted	<input type="checkbox"/> I have a disability, which my employer refused to accommodate <i>this was attempted</i>
<input type="checkbox"/> My hours were reduced	<input type="checkbox"/> I was denied parental leave
<input type="checkbox"/> My shift was changed ( <i>attempted</i> )	<input type="checkbox"/> I was denied family leave
<input checked="" type="checkbox"/> I was sexually harassed	<input type="checkbox"/> I was denied medical leave
<input checked="" type="checkbox"/> I was harassed (for reasons not related to my sex)	<input type="checkbox"/> I was discriminated against because of taking parental leave
<input checked="" type="checkbox"/> I was transferred to another job	<input type="checkbox"/> I was discriminated against because of taking family leave
<input type="checkbox"/> I was disciplined	<input type="checkbox"/> I was discriminated against because of taking medical leave
<input type="checkbox"/> I was demoted	<input type="checkbox"/> I was not reinstated to my job upon return from leave
<input type="checkbox"/> I was laid off	<input checked="" type="checkbox"/> I was denied benefits
<input checked="" type="checkbox"/> I was forced to quit my job	<input type="checkbox"/> I was treated differently because I was pregnant
<input type="checkbox"/> I was not recalled from layoff	<input type="checkbox"/> I was asked or required to take a polygraph test
<input type="checkbox"/> I was denied a raise that I should have gotten	<input type="checkbox"/> I was asked or required to take a drug test

Listing by **exact date**, please explain in detail what happened. State names of persons involved and dates. Use the back of this paper if you need additional space.

*see attached typed answers for the rest of following questions / Section*

For **each** factor of discrimination or mistreatment you checked in section 4, please describe why you think that factor caused the events or actions you checked in section 5.

If the employer stated a reason for the actions or events that you have described, what was that reason? If the employer stated the reason in writing, please attach a copy.

Please state the name and job title of the person who stated the reason, also give the date and place the reason was given.

**6 PLEASE ANSWER THE QUESTIONS IN SECTION 6 ONLY IF YOU BELIEVE THAT THE TREATMENT YOU ARE COMPLAINING ABOUT WAS RELATED TO A DISABILITY. IF NOT, GO ON TO SECTION 7.**

(a) How are you impaired, physically or mentally, by your disability?

I was being treated for depression when I was hired by VP: A. however all of my symptoms had abated but I continued taking medication. I was not impaired 7/03-12/03

(b) What daily activities are substantially limited (e.g. walking, lifting, standing, breathing, eating, sleeping, etc.), or what are you unable to do because of a disability?

My symptoms of depression (sleeplessness, anxiety, appetite disturbance, lethargy, crying jags, hopelessness, depressed mood) began to emerge in December 2003 then escalated by April. When I needed to take medical leave.

(c) Does your disability limit your ability to perform your job? If so, please describe.

I take a medication which makes me very groggy and slow to become fully alert in the morning. therefore, I started work at 10:30 a.m.

At the time you were discriminated against were you taking any medication, or using any device or method (for example, a prosthesis, eyeglasses, a cane, hearing aid) to assist you in controlling the effects of your impairment?

Yes I was taking medication.

If so, please state what you were taking or using, and explain how it controlled the symptoms or limitations of your impairment. Please also state any side effects or limitations you experienced as a result of any medication, device, etc. you used to treat or manage your impairment.

My antidepressant and anxiolytic medication had fully alleviated my symptoms of depression and anxiety by April 2003. I continued taking the medication per standard treatment protocol (1 year). As my work environment became hostile and retaliatory my symptoms began to return 12/03. I increased my medication.

Was there some accommodation the employer could have made which could have prevented the problem that has led to this complaint? (Accommodations may include: changes in job duties, schedule changes, part-time work, supplying equipment or assistance, transfer to another job, etc.). If so, please describe it specifically.

No. My employer was accomodating of my need to work a later schedule. It was never an issue until I filed my complaint. I felt my disability was used as a tool to harass me.

(a) Did the employer know about your disability? If so, please explain how the employer knew, state the names of people who knew and the dates they learned of your disability and/or need for accommodations.

Yes, I told Mr. Pagin I had been treated for depression. I told him this in November 2003.

(b) Did the employer know of your need for an accommodation? If so, please explain how the employer knew, state the names of people who knew and the dates they learned of your disability and/or need for accommodations.

No, I did not formally request an accommodation for coming in later as everyone seemed to keep their own hours and it was never an issue until 4/04.

7

## YOUR COMPLAINT AND THE EMPLOYER'S RESPONSE

Did you complain about the unfair events or actions that happened to you (the ones checked in Section 5)?

☒ YES

☐ NO

If so, please describe your complaint(s), state the name(s) and job title(s) of the person(s) you complained to, and state when you complained.

see attached typed responses for rest of section 7.

If not, please explain your reasons:

What action did the employer take in response to your complaint(s)? Please give specific dates and by whom the actions were taken.

8

## EMPLOYER'S TREATMENT OF OTHER EMPLOYEES

State the names and job titles of other employees who were treated unfairly in the same way you are complaining about.

none that I know of

Were any of these other employees members of the same protected categories that you checked in Section 4?

If so, please list their names and the category

Please give reasons why you think each of these individuals was treated unfairly in the same way you were.

(a) State the names and job titles of other employees who received **better** treatment than you.

Other advocates who expressed a desire to attend out of state conferences were accommodated. I was denied this benefit. I believe these advocates were Marsha Bancroft, Linda Cramer, Tina Wood. Also, I do not believe another advocate, Paul Poirier, schedule was ever questioned.

(b) Were any of these employees members of the same protected categories that you checked on the list in Section 4?

Yes, Paul Poirier told me he suffered an episode of depression while he was employed there. He kept an unorthodox schedule but I don't believe he was ever questioned.

If so, which persons are members of which categories?

I do not know about the other advocates I mentioned

(c) Explain your reasons for believing these individuals were treated better than you were.

Because they had not made a complaint against Mr. Ruben for sexual harassment/retaliation.

## 9

### WITNESSES OF THE DISCRIMINATORY ACTIONS

If you know of witnesses, please list them **on a separate sheet of paper**. Please provide this information only if it is already known to you. Please do not try to obtain information or statements directly from these potential witnesses. We will contact them when we investigate your charge. For each witness, state:

Name

Address

Telephone number

Job title (if you don't know the job title, please state whether the person is a co-worker or a supervisor)

Briefly describe the information you expect this person to have.





K. Kuhn

6/21/04

Elaine M. Isham

**Fax:** (802) 828-5341